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| United States Bankruptcy Court Northern District of Illinois | | | | | | | | Vol | untary | Petition | | | |
|---|-------------------------------------|--------------------------------------|--------------------------------|---|------------------------------------|---|---|---|---|--|--|----------------------------------|-----------------|
| Name of Debtor Brandolino | | | er Last, First | , Middle): | | | Name | of Joint De | ebtor (Spouse | e) (Last, First | , Middle): | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | | | | | All O (inclu | ther Names de married, | used by the a | Joint Debtor trade names | in the last 8 | years | | |
| Last four digits of (if more than one, s | state all) | ec. or Indiv | vidual-Taxp | ayer I.D. (| ITIN) No./0 | Complete E | | our digits o | | r Individual-′ | Taxpayer I.I | D. (ITIN) No | o./Complete EIN |
| xxx-xx-3486 Street Address of Debtor (No. and Street, City, and State): 513 W Bevan Drive Joliet, IL | | | | | Address of | Joint Debtor | (No. and St | reet, City, a | nd State): | ZID C. I | | | |
| | | | | | Г | ZIP Code 60435 | _ | | | | | | ZIP Code |
| County of Reside | ence or o | of the Princ | cipal Place o | of Business | s: | | Coun | y of Reside | ence or of the | Principal Pl | ace of Busin | ness: | |
| Mailing Address | of Debto | or (if differ | rent from str | reet addres | s): | | Maili | ng Address | of Joint Debt | tor (if differe | nt from stre | et address): | |
| | | | | | _ | ZIP Code | _ | | | | | | ZIP Code |
| Location of Princ (if different from | | | | r | | | I | | | | | | |
| Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | | Sing in I Rail Stoc Con Clea | (Check Ith Care Bu tle Asset Re I U.S.C. § Toad Skbroker Inmodity Bro tring Bank er Tax-Exe (Check box tor is a tax- | eal Estate as 101 (51B) | e) anization | defined | the 1 eer 7 eer 9 eer 11 eer 12 | Of Confidence of Check on Summer debts, \$ 101(8) as | hapter 15 Po a Foreign Mapter 15 Po a Foreign Mapter 15 Po a Foreign Mapter 15 Po e of Debts k one box) | one box) etition for R Main Procee etition for R Nonmain Pro | ecognition ding ecognition | |
| | | Filing Fo | ee (Check o | Cod | | nal Revenue | e Code). | | onal, family, or | | rpose." | | |
| Filing Fee (Check one box) Full Filing Fee attached Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. | | | | | Check | Debtor is Debtor is if: Debtor's a to insiders all applica A plan is Acceptance | a small busin not a small b aggregate nor s or affiliates) | ness debtor as nusiness debtor ncontingent 1) are less than rith this petiti in were solici | s defined in or as defined iquidated den \$2,190,000 con. | d in 11 U.S.(ebts (excluded)). | C. § 101(51D). ing debts owed e or more | | |
| Statistical/Admi Debtor estimathere will be | ates that ates that, no funds | funds will after any available | be available exempt proj | perty is ex | cluded and | administrat | | es paid, | | THIS | S SPACE IS F | FOR COURT | USE ONLY |
| Estimated Numb 1- 50 49 99 |) <u>-</u> | editors 100- 199 | 200- 999 | 1,000- 5,000 | 5,001- 10,000 | 10,001- 25,000 | 25,001- 50,000 | 50,001- 100,000 | OVER 100,000 | | | | |
| Estimated Assets \$0 to \$50,000 \$10 | | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,000 to \$500 million | \$500,000,001 to \$1 billion | | | | | |
| | | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,000 to \$500 | \$500,000,001 to \$1 billion | | | | | |

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B1 (Official Form 1)(1/08) Page 2 Name of Debtor(s): Voluntary Petition Brandolino, Carrie A (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ John A. Reed January 22, 2008 Signature of Attorney for Debtor(s) (Date) John A. Reed Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

B1 (Official Form 1)(1/08)

Voluntary Petition

(This page must be completed and filed in every case)

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

▼ /s/ Carrie A Brandolino

Signature of Debtor Carrie A Brandolino

 \mathbf{X}_{-}

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

January 22, 2008

Date

Signature of Attorney*

X /s/ John A. Reed

Signature of Attorney for Debtor(s)

John A. Reed 02299909

Printed Name of Attorney for Debtor(s)

John A. Reed Ltd.

Firm Name

63 W. Jefferson Street # 200 Joliet, IL 60432

Address

Telephone Number

January 22, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 \mathbf{X}

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Brandolino, Carrie A

Signatures

Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

X

Date

Address

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

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Official Form 1, Exhibit D (10/06)

United States Bankruptcy Court Northern District of Illinois

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|-------------------|---|
| | | Debtor(s) Chapter | 7 |
| | | | |

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.] ____

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

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Official Form 1, Exh. D (10/06) - Cont.

| ☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable |
|---|
| statement.] [Must be accompanied by a motion for determination by the court.] |
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or |
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to |
| financial responsibilities.); |
| Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being |
| unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or |
| through the Internet.); |
| ☐ Active military duty in a military combat zone. |
| |
| ☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling |
| requirement of 11 U.S.C. § 109(h) does not apply in this district. |
| I certify under penalty of perjury that the information provided above is true and correct. |
| receitify under penalty of perjury that the information provided above is true and correct |
| Signature of Debtor: /s/ Carrie A Brandolino |
| Carrie A Brandolino |
| Date: January 22, 2008 |

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B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Carrie A Brandolino | | Case No | |
|-------|---------------------|--------|---------|---|
| - | | Debtor | , | |
| | | | Chapter | 7 |
| | | | • - | |

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|--|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property | Yes | 1 | 0.00 | | |
| B - Personal Property | Yes | 3 | 5,650.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 1 | | 0.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 1 | | 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 9 | | 25,259.49 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 1 | | | 1,068.22 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 1 | | | 1,290.00 |
| Total Number of Sheets of ALL Schedu | ıles | 20 | | | |
| | T | otal Assets | 5,650.00 | | |
| | | | Total Liabilities | 25,259.49 | |

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Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Carrie A Brandolino | | Case No | | |
|-------|---------------------|--------|---------|---|--|
| - | | Debtor | | | |
| | | | Chapter | 7 | |
| | | | • | | |

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|----------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 1,121.65 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 1,121.65 |

State the following:

| Average Income (from Schedule I, Line 16) | 1,068.22 |
|--|----------|
| Average Expenses (from Schedule J, Line 18) | 1,290.00 |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20) | 554.53 |

State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 0.00 |
|--|------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 25,259.49 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 25,259.49 |

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B6A (Official Form 6A) (12/07)

| | | a . v | |
|-------|---------------------|---------|---|
| In re | Carrie A Brandolino | Case No |) |
| _ | | ; | |
| | | Debtor | |

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property

Nature of Debtor's Interest in Property Secured Claim or Exemption

Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption

None

Sub-Total > **0.00** (Total of this page)

Total > **0.00**

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| 1. Cash on hand 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thirit, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. 3. Security deposits with public utilities, telephone companies, landlords, and others. 4. Household goods and furnishings, including audio, video, and computer equipment. 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. 7. Furs and jewelry. 8. Firearms and sports, photographic, and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or retruind value of each. 10. Annuities, Itemize and name each issuer. | Type of Property | N O Description and Location of Property E | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption |
|--|--|---|---|--|
| accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. 3. Security deposits with public utilities, telephone companies, landlords, and others. 4. Household goods and furnishings, including audio, video, and computer equipment. 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. Miscellaneous books and pictures Miscellaneous books and pictures - Miscellaneous wearing apparel - Furs and jewelry. X Firearms and sports, photographic, and other hobby equipment. J. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. X | 1. Cash on hand | Miscellaneous cash | - | 50.00 |
| utilities, telephone companies, landlords, and others. 4. Household goods and furnishings, including audio, video, and computer equipment. 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. 7. Furs and jewelry. 8. Firearms and sports, photographic, and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each Miscellaneous household goods and furnishings - Miscellaneous books and pictures - Miscellaneous wearing apparel - X Annuities. Itemize and name each X | accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or | Checking account- Harris Bank | - | 100.00 |
| including audio, video, and computer equipment. 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. 7. Furs and jewelry. 8. Firearms and sports, photographic, and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each Miscellaneous books and pictures - Miscellaneous wearing apparel - X X | utilities, telephone companies, | X | | |
| objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. 6. Wearing apparel. Miscellaneous wearing apparel - 7. Furs and jewelry. X 8. Firearms and sports, photographic, and other hobby equipment. X 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each X | including audio, video, and | Miscellaneous household goods and furnishings | - | 200.00 |
| Furs and jewelry. Firearms and sports, photographic, and other hobby equipment. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. Annuities. Itemize and name each X | objects, antiques, stamp, coin, record, tape, compact disc, and | Miscellaneous books and pictures | - | 50.00 |
| 8. Firearms and sports, photographic, and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each X | 6. Wearing apparel. | Miscellaneous wearing apparel | - | 250.00 |
| and other hobby equipment. 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each X | 7. Furs and jewelry. | X | | |
| Name insurance company of each policy and itemize surrender or refund value of each. 10. Annuities. Itemize and name each X | 8. Firearms and sports, photographic, and other hobby equipment. | X | | |
| | Name insurance company of each policy and itemize surrender or | X | | |
| | | X | | |
| Sub-Total > 6 | | | Sub Tot | al > 650.00 |

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | Carrie A Brandolino | Case No |
|-------|---------------------|---------|
| - | | , |

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х | | | |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | x | | | |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. | Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. | Accounts receivable. | X | | | |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars. | X | | | |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | x | | | |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | x | | | |
| | | | (T | Sub-Total of this page) | al > 0.00 |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

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 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

| In re | Carrie A Brandolino | Case No | _ |
|-------|---------------------|---------|---|
| _ | | | |

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| | Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars. | Х | | | |
| 23. | Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | х | | | |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories. | X | | | |
| 26. | Boats, motors, and accessories. | X | | | |
| 27. | Aircraft and accessories. | X | | | |
| 28. | Office equipment, furnishings, and supplies. | X | | | |
| 29. | Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. | Inventory. | X | | | |
| 31. | Animals. | X | | | |
| 32. | Crops - growing or harvested. Give particulars. | X | | | |
| 33. | Farming equipment and implements. | X | | | |
| 34. | Farm supplies, chemicals, and feed. | X | | | |
| 35. | Other personal property of any kind not already listed. Itemize. | Pe | ersonal Injury Settlement | - | 5,000.00 |

| Sub-Total > 5,000.00 | | (Total of this page) | Total > 5,650.00 |

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (12/07)

Checking account- Harris Bank

Household Goods and Furnishings

| In re | Carrie A Brandolino | | Case No. | |
|-------|---------------------|--------|----------|--|
| | | Debtor | | |

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: (Check one box) ☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3) | ☐ Check if debtor claims a homestead exemption that exceed \$136,875. | | | | | |
|---|---|----------------------------------|---|--|--|--|
| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption | | | |
| C <u>ash on Hand</u> Miscellaneous cash 735 | ILCS 5/12-1001(b) | 50.00 | 50.00 | | | |
| Checking, Savings, or Other Financial Accounts, Certifi | cates of Deposit | | | | | |

| furnishings | 735 ILCS 5/12-1001(b) | 200.00 | 200.00 |
|---|-----------------------|--------|--------|
| Books, Pictures and Other Art Objects: Collectibles | 8 | | |

735 ILCS 5/12-1001(b)

Miscellaneous books and pictures 735 ILCS 5/12-1001(a) 50.00 50.00 **Wearing Apparel** Miscellaneous wearing apparel 735 ILCS 5/12-1001(a) 250.00 250.00

Other Personal Property of Any Kind Not Already Listed
Personal Injury Settlement 735 ILCS 5/12-1001(h)(4)

15,650.00 Total: 5,650.00

100.00

15,000.00

100.00

5,000.00

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B6D (Official Form 6D) (12/07)

| In re | Carrie A Brandolino | | Case No. | |
|-------|---------------------|--------|----------|--|
| - | | Debtor | , | |

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated" in the column labeled "Unliquidated, place an "X" in

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| | _ | | * | | | | | |
|--|---|-------------|---|----------|------------------|------------------|-------------------------------------|--------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | | Н | NATURE OF LIEN, AND DESCRIPTION AND VALUE | | U N L I | D I S P | AMOUNT OF CLAIM WITHOUT | UNSECURED |
| | | C J M | | | QU I D A | DISPUTED | DEDUCTING VALUE OF COLLATERAL | PORTION, IF ANY |
| Account No. | | | | Т | E | | | |
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| Account No. | | | | | | | | |
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| Account No. | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
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| | | | Value \$ | | | | | |
| Account No. | | | | | | | | |
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| | | | | | | | | |
| | | | Value \$ | | | Щ | | |
| continuation sheets attached | | | | ubto | | - 1 | | |
| | | | (Total of th | - | _ | ŀ | | |
| | | | (D | | ota | - 1 | 0.00 | 0.00 |
| (Report on Summary of Schedules) | | | | | | | | |

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B6E (Official Form 6E) (12/07)

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| - | | Debtor , | |

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

■ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

^{*} Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Carrie A Brandolino | Case No. | _ |
|-------|---------------------|----------|---|
| | | Debtor | |

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| — Check and con it decice has no election nothing unifer | | | no to report on time semential re | | | | | |
|---|--------------|-------------|--------------------------------------|--------------|--------|----------|-----------|-----------------|
| CREDITOR'S NAME, | C | Ηι | usband, Wife, Joint, or Community | C | U | D | 7 | |
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | OD E B T O R | J H H | CONSIDERATION FOR CLAIM. IF CLAIM | CONTINGEN | QU. | SPUTED | | AMOUNT OF CLAIM |
| Account No. | | T | Medical Bill | N | D A T | | t | |
| Creditor #: 1 Affiliated Credit Services PO Box 1329 Rochester, MN 55903 | | - | | | Ė D | | | 59.00 |
| Account No. | + | ╁ | Law Offices of Bennet & DeLoney PC | + | | H | + | |
| Representing: Affiliated Credit Services | | | PO Box 190 Midvale, UT 84047-0190 | | | | | |
| Account No. | | T | Medical Bill | | | T | \dagger | |
| Creditor #: 2 Allied Anesthesia 185 Penny Avenue East Dundee, IL 60118 | | - | | | | | | |
| | | | | | | | | 40.51 |
| Account No. | _ | | Medical Bill | | | | | |
| Creditor #: 3 Ameripath Texas 5.01 A Corporation Cockerell & Associates PO Box 844656 Dallas, TX 75284-4656 | | - | | | | | | 34.22 |
| | | 丄 | | | | <u> </u> | + | 07.EE |
| 8 continuation sheets attached | | | (Total of | Subt this | | | | 133.73 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carrie A Brandolino | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. Creditor #: 4 Assetcare Inc PO Box 15380 Wilmington, DE 19850-5380 | CODEBTOR | H W J C | | CONTI I NG GENT | UNL I QUI DATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------|---------|--|-----------------|-----------------|----------|-----------------|
| Account No. Creditor #: 5 Associated Radiologists of Joliet 39069 Treasury Center Chicago, IL 60694 | | - | Medical Bill | | | | 2,726.00 |
| Account No. Representing: Associated Radiologists of Joliet | | | Associtaed Radiologist Joliet PO Box 3837 Springfield, IL 62708-3837 | | | | |
| Account No. Representing: Associated Radiologists of Joliet | | | Creditors Collection Bureau Inc P.O. Box 63 Kankakee, IL 60901 | | | | |
| Account No. Creditor #: 6 Best Buy PO Box 15521 Wilmington, DE 19850-5521 | | - | Credit card purchases | | | | 59.00 |
| Sheet no1 of _8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | 1 | (Total of | Sub | | | 3,649.60 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | H W J C | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | I۲ | D I S P U T E D | AMOUNT OF CLAIM |
|--|-----------------|------------------|--|------------|-------|-----------------|-----------------|
| Account No. Representing: Best Buy | | | Absolute Resolutions Corp PO Box 880306 San Diego, CA 92168-0306 | | DATED | | |
| Account No. Representing: Best Buy | | | RMCB PO Box 1238 Elmsford, NY 10523-0938 | | | | |
| Account No. Creditor #: 7 Credit Collection Services Two Wells Avenue Dept 9136 Newton Center, MA 02459 | | - | Medical Bill | | | | 256.00 |
| Account No. Creditor #: 8 Derm & Plas Surg Assoc SC 1051 Essington Rd Suite 280 Joliet, IL 60431 | | - | Medical Bill | | | | 31.30 |
| Account No. Representing: Derm & Plas Surg Assoc SC | | | Armor Systems Corporation 1700 Kiefer Drive Suite 1 Zion, IL 60099-5105 | | | | |
| Sheet no. 2 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | Sub his | | | 287.30 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. Creditor #: 9 Dr Bakul K Pandya MDSC 303 Springfield Ave Joliet, IL 60435 | CODEBTOR | Hu H W J C | band, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. Medical Bill | [| COZHIZGEZH | UNLIQUIDATED | AMOUNT OF CLAIM 351.00 |
|---|----------|------------------------|--|---|------------|--------------|------------------------|
| Account No. Representing: Dr Bakul K Pandya MDSC | | | Creditors Discount & Audit 415 E Main Street Streator, IL 61364 | | | | |
| Account No. Creditor #: 10 Fischer Mangold/Joliet 5000 Hopyard Rd # 100 Pleasanton, CA 94588 | | - | Medical Bill | | | | 422.00 |
| Account No. Representing: Fischer Mangold/Joliet | | | Boyajian Law Offices PC 201 Route 17 North 5th Floor Rutherford, NJ 07070-2574 | | | | |
| Account No. Representing: Fischer Mangold/Joliet | | | Gold Key Credit P.O. Box 15670 Brooksville, FL 34604 | | | | |
| Sheet no. _3 of _8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Tota | | | tota pag | 773.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| _ | | Debtor | |

| | | Llico | shand Wife Joint or Community | 1 | 111 | Г | |
|---|----------|---------|---|-----------|----------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBFOR | H & J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | L | DISPUTED | AMOUNT OF CLAIM |
| Account No. | | | NCO Financial Systems Inc. | T | | | |
| Representing: Fischer Mangold/Joliet | | | 507 Prudential Road Horsham, PA 19044 | | D | | |
| Account No. | | | West Asset Management Inc | + | | | |
| Representing: Fischer Mangold/Joliet | | | PO Box 2348 Sherman, TX 75091-2348 | | | | |
| Account No. Creditor #: 11 Health Services Systems Inc PO Box 1215 Bedford Park, IL 60499-1215 | | | Medical Bill | | | | |
| | | | | | | | 624.40 |
| Account No. Creditor #: 12 Heartland Cardiovascular Center 210 N Hammes Ave # 205 Joliet, IL 60435 | | - | Medical Bill | | | | 43.38 |
| Account No. | | | Medical Bill | + | \vdash | | |
| Creditor #: 13 Interpretation Svc of Joliet P.O. Box 516 Channahon, IL 60410 | | - | | | | | 33.00 |
| Sheet no. 4 of 8 sheets attached to Schedule of | | | | Sub | tota | 1 | 700.70 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of | this | pag | ge) | 700.78 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carrie A Brandolino | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---------|---|------------|--------------|----------|-----------------|
| Account No. | | | Creditors Discount & Audit | ד [| T | | |
| Representing: Interpretation Svc of Joliet | | | 415 E Main Street Streator, IL 61364 | | D | | |
| Account No. | | | Medical Bill | | | | |
| Creditor #: 14 Joliet Radiological Service Corp 36910 Treasury Center Chicago, IL 60694-6900 | | - | | | | | |
| | | | | | | | 404.00 |
| Account No. Representing: Joliet Radiological Service Corp | | | CAB Services Inc. 60 Barney Drive Joliet, IL 60435 | | | | |
| Account No. | | | Misc Charges | | | | |
| Creditor #: 15 Lockport Township High School PO Box 29920 New York, NY 10087-9920 | | - | | | | | 95.56 |
| Account No. | | T | Customer Service | | | Ī | |
| Representing: Lockport Township High School | | | PO Box 41135 Norfolk, VA 23541 | | | | |
| Sheet no. 5 of 8 sheets attached to Schedule of | | | | Sub | tota | ıl | 499.56 |
| Creditors Holding Unsecured Nonpriority Claims | | | (Total of t | his | pag | ge) | 499.00 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carrie A Brandolino | Case No | |
|-------|---------------------|---------|--|
| _ | | Debtor | |

| | 1. | 1 | | 10 | 1 | 1- | 1 |
|--|----------|--------------|---|---------------|-----------------------|-------------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H C | sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGEN | Q U I D A | U T E | AMOUNT OF CLAIM |
| Account No. | | | Medical Bill | ٦т | E | | |
| Creditor #: 16 MidAmerican Psychological Inst 1415 Maple Road Joliet, IL 60432 | | - | | | D | | 44.24 |
| Account No. | ╁ | | Medical Bill | + | + | \vdash | |
| Creditor #: 17 Optima Medical Associates Ltd 1050 Essington Road Joliet, IL 60435 | | - | | | | | |
| | | | | | | | 54.17 |
| Account No. Representing: Optima Medical Associates Ltd | | | Creditors Discount & Audit 415 E Main Street Streator, IL 61364 | | | | |
| Account No. Creditor #: 18 | - | | Medical Bill | | | | |
| Orland Open MRI 11350 S Cicero Ave Alsip, IL 60803 | | - | | | | | |
| Account No. | | | Transworld Systems Inc. | | | | 206.97 |
| Representing: Orland Open MRI | | | 25 Northwest Point Blvd # 750 Elk Grove Village, IL 60007 | | | | |
| Sheet no. _6 of _8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | [(Total o | Sub f this | | | 305.38 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| _ | | Debtor | |

| an | Тс | Hu | sband, Wife, Joint, or Community | - 1 | сТ | υĪ | рΤ | |
|---|----------|------------------|---|-----|---------------|--------------|----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | H W J C | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | | N N | UNLIGUIDATE | DISPUTED | AMOUNT OF CLAIM |
| Account No. | | | Medical Bill | | ┖ | T E | | |
| Creditor #: 19 Pathology Laboratory Consultants SC 6965 Reliable Parkway Chicago, IL 60686 | | - | | | | D | | 92.05 |
| Account No. | ╁ | | Medical Bill | | \dashv | \dashv | \dashv | |
| Creditor #: 20 Provena - St Joseph Medical Ctr 333 N Madison Street Joliet, IL 60435 | | - | | | | | | |
| | ┸ | | | | | | | 2,280.20 |
| Account No. | 4 | | Creditors Collection Bureau Inc | | | | | |
| Representing: Provena - St Joseph Medical Ctr | | | P.O. Box 63 Kankakee, IL 60901 | | | | | |
| Account No. | ╀ | | Medical Bill | | $\frac{1}{2}$ | _ | - | |
| Creditor #: 21 Silver Cross Hospital Patient Accounts 1200 Maple Road Joliet, IL 60432 | | - | | | | | | 15,165.10 |
| Account No. | - | | OSI Collection Services Inc | | | | + | 10,100.10 |
| Representing: Silver Cross Hospital | | | PO Box 959 Brookfield, WI 53008 | | | | | |
| Sheet no7 of _8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | , | | (Total | | | otal oage | ;) | 17,537.35 |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| _ | | Debtor | |

| | I c | | | 1. | 1 | 1- | 1 |
|--|----------|------------------------|--|-------------|---------------|-----------|-----------------|
| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Hu H W J C | band, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | ONT INGEN | I QU I DA | U T | AMOUNT OF CLAIM |
| Account No. | | | Vision Financial Services | ٦т | IE | | |
| Representing: Silver Cross Hospital | | | PO Box 1768 La Porte, IN 46352 | | D | | |
| Account No. xxxx-xx0860 | | | NSF Check | + | $\frac{1}{1}$ | + | |
| Creditor #: 22 TCF National Bank 801 Marquette Drive Minneapolis, MN 55402 | | - | | | | | |
| | | | | | | | 116.51 |
| Account No. Creditor #: 23 The Bradford Exchange PO Box 836 Morton Grove, IL 60053-0836 | - | - | Credit card purchases | | | | |
| | | | | | | | 21.63 |
| Account No. Creditor #: 24 US Department of Education PO Box 530260 Atlanta, GA 30353-0260 | | - | Student Loan | | | | 1,121.65 |
| Account No. | | | Medical Bill | \dagger | † | \dagger | |
| Creditor #: 25 Your Diagnostic Center LLC 10660 W 143rd St Suite B Orland Park, IL 60462 | | _ | | | | | 113.00 |
| | | | | | | | 113.00 |
| Sheet no. 8 of 8 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | (Total of | Sub this | | | 1,372.79 |
| | | | (Report on Summary of S | | Tot dul | | 25,259.49 |

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B6G (Official Form 6G) (12/07)

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| - | | Debtor , | |

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 08-01374 Doc 1 Filed 01/22/08 Entered 01/22/08 15:27:53 Desc Main Document Page 25 of 43

B6H (Official Form 6H) (12/07)

| In re | Carrie A Brandolino | Case No. | |
|-------|---------------------|----------|--|
| _ | | Debtor | |

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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B6I (Official Form 6I) (12/07)

| In re | Carrie A Brandolino | | Case No. | |
|-------|---------------------|-----------|----------|--|
| | | Debtor(s) | _ | |

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

| Debtor's Marital Status: | DEPENDENTS OF DEBTOR AND SPOUSE | | | | | | | |
|---|--|----------------------|---------------------------------------|----------------------------|--------------------------|--|--|--|
| Divorced | RELATIONSHIP(S): None. | AGE(S): | | | | | | |
| Employment: | DEBTOR | | SPOUSE | | | | | |
| Occupation | Processor | | | | | | | |
| Name of Employer | Macys | | | | | | | |
| How long employed | 9 months | | | | | | | |
| Address of Employer | Woodfield Shoppingtown Mall Joliet, IL 60435 | | | | | | | |
| | ge or projected monthly income at time case filed) y, and commissions (Prorate if not paid monthly) | \$ \$ | DEBTOR 480.35 0.00 | \$ \$ \$ | SPOUSE N/A N/A | | | |
| 4. LESS PAYROLL DEDUC a. Payroll taxes and socio b. Insurance c. Union dues d. Other (Specify): | | \$ \$ \$ \$ | 77.13 0.00 0.00 0.00 0.00 | \$ \$ \$ \$ \$ | N/A N/A N/A N/A | | | |
| 5. SUBTOTAL OF PAYROL | L DEDUCTIONS | \$ | 77.13 | \$ | N/A | | | |
| 6. TOTAL NET MONTHLY | TAKE HOME PAY | \$ | 403.22 | \$ | N/A | | | |
| 8. Income from real property9. Interest and dividends | tion of business or profession or farm (Attach detailed statement) support payments payable to the debtor for the debtor's use or that | \$ \$ tof | 0.00 0.00 0.00 | \$ \$ \$ | N/A N/A N/A | | | |
| dependents listed above 11. Social security or governm (Specify): Social Security | nent assistance | \$ \$ | 0.00 665.00 0.00 | \$ | N/A N/A N/A | | | |
| 12. Pension or retirement inco 13. Other monthly income (Specify): | ome | \$ <u></u> | 0.00 | \$ | N/A N/A | | | |
| (opecity). | | \$ | 0.00 | \$ | N/A | | | |
| 14. SUBTOTAL OF LINES 7 | THROUGH 13 | \$ | 665.00 | \$ | N/A | | | |
| 15. AVERAGE MONTHLY I | NCOME (Add amounts shown on lines 6 and 14) | \$ | 1,068.22 | \$ | N/A | | | |
| 16. COMBINED AVERAGE | MONTHLY INCOME: (Combine column totals from line 15) | | \$ | 1,068.22 | <u> </u> | | | |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

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B6J (Official Form 6J) (12/07)

| In re | Carrie A Brandolino | | Case No. | |
|-------|---------------------|-----------|----------|--|
| | | Debtor(s) | | |

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

| expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22 | 2C. | · |
|--|----------------|----------------|
| ☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple expenditures labeled "Spouse." | ete a separat | e schedule of |
| 1. Rent or home mortgage payment (include lot rented for mobile home) | \$ | 500.00 |
| a. Are real estate taxes included? Yes No _X_ | | |
| b. Is property insurance included? Yes No _X_ | | |
| 2. Utilities: a. Electricity and heating fuel | \$ | 100.00 |
| b. Water and sewer | \$ | 0.00 |
| c. Telephone | \$ | 70.00 |
| d. Other | \$ | 0.00 |
| 3. Home maintenance (repairs and upkeep) | \$ | 0.00 |
| 4. Food | \$ | 250.00 |
| 5. Clothing 6. Loundary and day alconing | \$ | 50.00 20.00 |
| 6. Laundry and dry cleaning7. Medical and dental expenses | э —— | 50.00 |
| 8. Transportation (not including car payments) | \$ | 200.00 |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc. | \$ | 50.00 |
| 10. Charitable contributions | \$ | 0.00 |
| 11. Insurance (not deducted from wages or included in home mortgage payments) | T | |
| a. Homeowner's or renter's | \$ | 0.00 |
| b. Life | \$ | 0.00 |
| c. Health | \$ | 0.00 |
| d. Auto | \$ | 0.00 |
| e. Other 12. Taxes (not deducted from wages or included in home mortgage payments) | \$ | 0.00 |
| | | |
| (Specify) | \$ | 0.00 |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan) | | |
| a. Auto | \$ | 0.00 |
| b. Other | \$ | 0.00 |
| c. Other | \$ | 0.00 |
| 14. Alimony, maintenance, and support paid to others | \$ | 0.00 |
| 15. Payments for support of additional dependents not living at your home | \$ | 0.00 |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement) | \$ | 0.00 |
| 17. Other | \$ | 0.00 |
| Other | \$ | 0.00 |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | 1,290.00 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: | | |
| 20. STATEMENT OF MONTHLY NET INCOME | | |
| a. Average monthly income from Line 15 of Schedule I | \$ | 1,068.22 |
| b. Average monthly expenses from Line 18 above | \$ | 1,290.00 |
| c. Monthly net income (a. minus b.) | \$ | -221.78 |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Carrie A Brandolino | | Case No. | |
|--------|--|--------------------------|---------------|------------------|
| | | Debtor(s) | Chapter | 7 |
| | | | | |
| | | | | |
| | DECLARATION CONCER | NING DEBTOR'S S | CHEDUL | ES |
| | | | | |
| | DECLARATION UNDER PENALTY | OF PERJURY BY INDIV | /IDUAL DEI | BTOR |
| | | | | |
| | | | | |
| | I declare under penalty of perjury that I have r | ead the foregoing summar | v and schedul | es consisting of |
| | 22 sheets, and that they are true and correct to the | | | _ |
| | | | | |
| | | | | |
| Data | January 22, 2009 | /o/ Corrie A Brandalin | _ | |
| Date . | January 22, 2008 Signature | | 0 | |
| | | Carrie A Brandolino | | |
| | | Debtor | | |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (12/07)

United States Bankruptcy Court Northern District of Illinois

| In re | Carrie A Brandolino | | Case No. | |
|-------|---------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |
| | | | | |

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$327.01 2008 income to date

\$4,757.07 2007 income

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$665.00 2007 social security

2

AMOUNT SOURCE

\$7,812.00 2006 social security \$7,584.00 2005 social security

3. Payments to creditors

None Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL
OF CREDITOR PAYMENTS AMOUNT PAID OWING

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT
DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND
RELATIONSHIP TO DEBTOR
DATE OF PAYMENT
AMOUNT PAID
OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT COURT OR AGENCY STATUS OR AND CASE NUMBER NATURE OF PROCEEDING AND LOCATION DISPOSITION

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE DESCRIPTION AND VALUE OF BENEFIT PROPERTY WAS SEIZED DATE OF SEIZURE PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN

DESCRIPTION AND VALUE OF
PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATE OF

NAME AND ADDRESS OF ASSIGNEE

ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND LOCATION

NAME AND ADDRESS OF CUSTODIAN OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF PAYEE

John A. Reed Ltd.
63 W. Jefferson Street # 200

Joliet, IL 60432

DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR January, 2008 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$550.00

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10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY
1726 Hosmer Lane Crest Hill, Illinois Same DATES OF OCCUPANCY
2005

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF DATE OF ENVIRONMENTAL SITE NAME AND ADDRESS GOVERNMENTAL UNIT NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

BEGINNING AND NATURE OF BUSINESS ENDING DATES

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | January 22, 2008 | Signature | /s/ Carrie A Brandolino |
|------|------------------|-----------|-------------------------|
| | | | Carrie A Brandolino |
| | | | Debtor |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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Form 8 (10/05)

United States Bankruptcy Court Northern District of Illinois

| In re | Carrie A Brandolino | | | Case No. | Case No. | | |
|-------------------|---|---------------------------------|---|-------------------------------------|---|--|--|
| | | | Debtor(s) | Chapter | 7 | | |
| | CHAPTER 7 IN | DIVIDUAL DEBTO | OR'S STATEME | NT OF INT | TENTION | | |
| | I have filed a schedule of assets and lia | abilities which includes deb | ts secured by property o | f the estate. | | | |
| | I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease. | | | | | | |
| | I intend to do the following with respe | ect to property of the estate v | which secures those deb | ts or is subject to | o a lease: | | |
| Descri | ption of Secured Property | Creditor's Name | Property will be Surrendered | Property is claimed as exempt | Property will be redeemed pursuant to 11 U.S.C. § 722 | Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c) | |
| -NON | E- | | | • | | | |
| Descrip Proper | • | Lessor's Name | Lease will be assumed pursuan to 11 U.S.C. § 362(h)(1)(A) | t | | | |
| Date | January 22, 2008 | Signature | /s/ Carrie A Brando Carrie A Brandolino Debtor | | | | |

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United States Bankruptcy Court
Northern District of Illinois

| In re | Carrie A Brandolii | 10 | | | Case No |) | |
|-------|--|--|--|--|--|---|-------------------------|
| | | | | Debtor(s) | Chapter | 7 | |
| | DISCL | OSURE O | F COMPENS | ATION OF ATTOR | RNEY FOR I | DEBTOR(S) | |
| (| compensation paid to me | within one yes | ar before the filing of | 2016(b), I certify that I are of the petition in bankruptcy in connection with the bank | , or agreed to be 1 | oaid to me, for servic | |
| | For legal services, I | have agreed to | accept | | \$ | 950.00 | |
| | Prior to the filing of | this statement | I have received | | \$ | 550.00 | |
| | Balance Due | | | | \$ | 400.00 | |
| 2. 5 | 6 299.00 of the filin | g fee has been | paid. | | | | |
| 3. | The source of the comper | sation paid to | me was: | | | | |
| | ■ De | ebtor | | Other (specify): | | | |
| 4. | The source of compensati | on to be paid t | o me is: | | | | |
| | ■ De | ebtor | | Other (specify): | | | |
| 5. l | firm. I have agreed to s A copy of the agreem n return for the above-di | hare the above ent, together w sclosed fee, I h | -disclosed compensation a list of the name | ensation with any other personation with a person or person es of the people sharing in the regal service for all aspects advice to the debtor in dete | ns who are not me ne compensation i | mbers or associates of attached. | of my law firm. |
| 1 | o. Preparation and filing c. Representation of the l. [Other provisions as n Negotiations v reaffirmation s 522(f)(2)(A) fo By agreement with the de | of any petition debtor at the meeded] with secured agreements ar avoidance obtor(s), the abo | n, schedules, statementeeting of creditors and creditors to reduce and applications of liens on house ove-disclosed fee do | nt of affairs and plan which and confirmation hearing, an ace to market value; exe as needed; preparation | may be required; d any adjourned hemption planning and filing of m | earings thereof; g; preparation an otions pursuant to | d filing of o 11 USC |
| | any other adv | | | g,, , | | , | , |
| | | | C | ERTIFICATION | | | |
| | certify that the foregoing ankruptcy proceeding. | g is a complete | statement of any ag | reement or arrangement for p | payment to me for | representation of the | e debtor(s) in |
| Dated | : January 22, 2008 | | | /s/ John A. Reed | | | |
| | | | | John A. Reed John A. Reed Ltd. | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total Fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

<u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.
- 3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

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B 201 (04/09/06)

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of Attorney

I hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

| John A. Reed | X /s/ John A. Reed | January 22, 2008 |
|--|--|------------------|
| Printed Name of Attorney | Signature of Attorney | Date |
| Address: | | |
| 63 W. Jefferson Street # 200 | | |
| Joliet, IL 60432 | | |
| C I (We), the debtor(s), affirm that I (we) have rec | ertificate of Debtor eived and read this notice. | |
| Carrie A Brandolino | X /s/ Carrie A Brandolino | January 22, 2008 |
| Printed Name(s) of Debtor(s) | Signature of Debtor | Date |
| Case No. (if known) | X | |
| | Signature of Joint Debtor (if any) | Date |

United States Bankruptcy Court Northern District of Illinois

| | | Northern District of Illinois | | | |
|-------|---|---|----------|----|--|
| In re | Carrie A Brandolino | | Case No. | | |
| | | Debtor(s) | Chapter | 7 | |
| | V | ERIFICATION OF CREDITOR MAT | ΓRIX | | |
| | | Number of Cr | editors: | 41 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | January 22, 2008 | /s/ Carrie A Brandolino Carrie A Brandolino Signature of Debtor | | | |

Absolute Resolutions Corp PO Box 880306 San Diego, CA 92168-0306

Affiliated Credit Services PO Box 1329 Rochester, MN 55903

Allied Anesthesia 185 Penny Avenue East Dundee, IL 60118

Ameripath Texas 5.01 A Corporation Cockerell & Associates PO Box 844656 Dallas, TX 75284-4656

Armor Systems Corporation 1700 Kiefer Drive Suite 1 Zion, IL 60099-5105

Assetcare Inc PO Box 15380 Wilmington, DE 19850-5380

Associated Radiologists of Joliet 39069 Treasury Center Chicago, IL 60694

Associtaed Radiologist Joliet PO Box 3837 Springfield, IL 62708-3837

Best Buy PO Box 15521 Wilmington, DE 19850-5521

Boyajian Law Offices PC 201 Route 17 North 5th Floor Rutherford, NJ 07070-2574

CAB Services Inc. 60 Barney Drive Joliet, IL 60435

Credit Collection Services Two Wells Avenue Dept 9136 Newton Center, MA 02459

Creditors Collection Bureau Inc P.O. Box 63 Kankakee, IL 60901

Creditors Discount & Audit 415 E Main Street Streator, IL 61364

Customer Service PO Box 41135 Norfolk, VA 23541

Derm & Plas Surg Assoc SC 1051 Essington Rd Suite 280 Joliet, IL 60431

Dr Bakul K Pandya MDSC 303 Springfield Ave Joliet, IL 60435

Fischer Mangold/Joliet 5000 Hopyard Rd # 100 Pleasanton, CA 94588

Gold Key Credit P.O. Box 15670 Brooksville, FL 34604

Health Services Systems Inc PO Box 1215 Bedford Park, IL 60499-1215

Heartland Cardiovascular Center 210 N Hammes Ave # 205 Joliet, IL 60435

Interpretation Svc of Joliet P.O. Box 516 Channahon, IL 60410

Joliet Radiological Service Corp 36910 Treasury Center Chicago, IL 60694-6900

Law Offices of Bennet & DeLoney PC PO Box 190 Midvale, UT 84047-0190

Lockport Township High School PO Box 29920 New York, NY 10087-9920

MidAmerican Psychological Inst 1415 Maple Road Joliet, IL 60432

NCO Financial Systems Inc. 507 Prudential Road Horsham, PA 19044

Optima Medical Associates Ltd 1050 Essington Road Joliet, IL 60435

Orland Open MRI 11350 S Cicero Ave Alsip, IL 60803

OSI Collection Services Inc PO Box 959 Brookfield, WI 53008

Pathology Laboratory Consultants SC 6965 Reliable Parkway Chicago, IL 60686

Provena - St Joseph Medical Ctr 333 N Madison Street Joliet, IL 60435 RMCB PO Box 1238 Elmsford, NY 10523-0938

Silver Cross Hospital Patient Accounts 1200 Maple Road Joliet, IL 60432

TCF National Bank 801 Marquette Drive Minneapolis, MN 55402

The Bradford Exchange PO Box 836 Morton Grove, IL 60053-0836

Transworld Systems Inc. 25 Northwest Point Blvd # 750 Elk Grove Village, IL 60007

US Department of Education PO Box 530260 Atlanta, GA 30353-0260

Vision Financial Services PO Box 1768 La Porte, IN 46352

West Asset Management Inc PO Box 2348 Sherman, TX 75091-2348

Your Diagnostic Center LLC 10660 W 143rd St Suite B Orland Park, IL 60462